IN THE UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

IN RE: SHELIA DENISE STIFF, Debtor

Case No. 25-00984

CHAPTER 7

TO: AFFECTED CREDITORS:

Distressed Asset Portfolio, c/o Mendelson Law Firm PO BOX 17235, Memphis,

TN 38187-0235

TRUSTEE: Eileen Shaffer

U. S. TRUSTEE: USTPRegion05.JA.ECF@usdoj.gov

NOTICE OF AMENDMENT OF SCHEDULES

YOU ARE HEREBY NOTIFIED that the above named debtor(s) has filed with the Bankruptcy Court an Amendment of Schedules (see attached copy of Notice of Meeting of Creditors and amended schedules).

YOU ARE FURTHER NOTIFIED that if you wish to examine the debtor(s) under oath, you must request of the U.S. Trustee an adjourned Meeting of Creditors. Said request must be made within 21 days of the date of this notice. (Address of U.S. Trustee: United States Courthouse, 501 East Court St., Ste. 6-430, Jackson, MS 39201)

YOUR ARE FURTHER NOTIFIED that the affected creditor(s) has 60 days from the date of this notice to file, with the U.S. Bankruptcy Court, a complaint objecting to the debtor's discharge under §727(a) of the Bankruptcy Code, a complaint to determine the dischargeability of a debt under §523(c) of the Bankruptcy Code, a motion objecting to discharge under §§ 727(a)(8) or (a)(9) of the Bankruptcy Code, or to file a motion to seek an extension of time for filing a complaint or a motion objecting to discharge, unless a longer period of time is provided by Rules 4004, 4007, and 9006, of the Federal Rules of Bankruptcy Procedure.

YOU ARE FURTHER NOTIFIED that any added creditor is given 30 days from the conclusion of the meeting of creditors or 30 days from date of this notice, whichever is later, to file with the U.S. Bankruptcy Court an objection to the list of property claimed as exempt

YOU ARE FURTHER NOTIFIED that if the attached Notice of Chapter 7 Bankruptcy Case contains language "Please do not file a proof of claim unless you receive notice to do so.", then, you do not need to file a claim at this time. However, if the notice contains a Proof of Claim deadline, as an added creditor you have 70 days from the date this notice to file a Proof of Claim with the U.S. Bankruptcy Court. A Proof of Claim form may be obtained at www.uscourts.gov or any bankruptcy clerk's office.

Address of the U.S. Bankruptcy Court may be found on the attached Notice of Meeting of Creditors.

Date: Monday, June 16, 2025

/s/ Thomas C. Rollins, Jr. Thomas C. Rollins, Jr.

Notice of Chapter 7 Bankruptcy Case - - Proof of Claim Deadline Set United States Bankruptcy Court Southern District of Mississippi

Information to identify the case:						
Debtor 1	Shelia Denise Stiff	Social Security number or ITIN xxx-xx-8313				
	First Name Middle Name Last Name	EIN -				
Debtor 2	First Name Middle Name Last Name	Social Security number or ITIN				
(Spouse, if filing)	THIST NAME WHOLE NAME LAST NAME	EIN				
United States Ba	ankruptcy Court for the Southern District of Mississippi					
Case number: 2	25-00984-JAW	Date case filed for chapter 7 4/15/25				

For the debtors listed above, a case has been filed under chapter 7 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtors or the debtors' property. For example, while the stay is in effect, creditors cannot sue, garnish wages, assert a deficiency, repossess property, or otherwise try to collect from the debtors. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although debtors can ask the court to extend or impose a stay.

The debtors are seeking a discharge. Creditors who assert that the debtors are not entitled to a discharge of any debts or who want to have a particular debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office within the deadlines specified in this notice. (See line 9 for more information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at www.pacer.uscourts.gov).

The staff of the bankruptcy clerk's office cannot give legal advice.

Cell Phones and other electronic devices are generally not allowed in the courthouses of this District. For more information visit www.mssb.uscourts.gov.

To help creditors correctly identify debtors, debtors submit full Social Security or Individual Taxpayer Identification Numbers, which may appear on a version of this notice. However, the full numbers must not appear on any document filed with the court.

Do not file this notice with any proof of claim or other filing in the case. Do not include more than the last four digits of a Social Security or Individual Taxpayer Identification Number in any document, including attachments, that you file

	the court.	About Debtor 1:	About Debtor 2:
1.	Debtor's full name	Shelia Denise Stiff	
2.	All other names used in the last 8 years	aka Shelia D Stiff	
3.	Address	427 West 5th Yazoo City, MS 39194	
4.	Debtor's attorney Name and address	Thomas Carl Rollins Jr The Rollins Law Firm, PLLC PO BOX 13767 Jackson, MS 39236	Contact phone 601–500–5533 Email trollins@therollinsfirm.com
5.	Bankruptcy trustee Name and address	Eileen N. Shaffer P.O. Box 1177 Jackson, MS 39215–1177	Contact phone 601-969-3006 Email eshaffer@eshaffer-law.com

For more information, see page 2 >

Debtor Shelia Denise Stiff Case number 25-00984-JAW

6. Bankruptcy clerk's office

Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at www.pacer.uscourts.gov.

Thad Cochran U.S. Courthouse 501 E. Court Street Suite 2.300 Jackson, MS 39201

Office Hours:

Monday - Friday 8:00 AM - 5:00 PM

Contact phone: 601-608-4600

Date: 4/15/25

Meeting of creditors

Debtors must attend the meeting to be questioned under oath. In a joint case, both spouses must attend. Creditors may attend, but are not required to do so.

May 23, 2025 at 10:00 AM

The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket.

Trustee: Eileen N. Shaffer Zoom video meeting. Go to zoom.us/join, enter Meeting ID 905 950 7847 and Passcode 8931265934, OR call 769-215-5931.

For additional meeting information go to www.justice.gov/ust/moc

Filing deadline: 7/22/25

Presumption of abuse

If the presumption of abuse arises. you may have the right to file a motion to dismiss the case under 11 U.S.C. § 707(b). Debtors may rebut the presumption by showing special circumstances.

Insufficient information has been filed to date to permit the clerk to make any determination concerning the presumption of abuse. If more complete information, when filed, shows that the presumption has arisen, creditors will be notified.

Deadlines

The bankruptcy clerk's office must receive these documents and any required filing fee by the following deadlines.

File by the deadline to object to discharge or to challenge whether certain debts are dischargeable:

You must file a complaint:

- · if you assert that the debtor is not entitled to receive a discharge of any debts under any of the subdivisions of 11 U.S.C. § 727(a)(2) through (7), or
- · if you want to have a debt excepted from discharge under 11 U.S.C § 523(a)(2), (4) or (6).

You must file a motion:

if you assert that the discharge should be denied under § 727(a)(8) or (9).

Deadline for all creditors to file a proof of claim:

(except governmental units)

Deadline for governmental units to file a proof of claim:

Filing deadline: 6/24/25 Filing deadline: 10/14/25

Deadlines for filing proof of claim:

A proof of claim is a signed statement describing a creditor's claim. A proof of claim form may be obtained at www.uscourts.gov or any bankruptcy clerk's office. If you do not file a proof of claim by the deadline, you might not be paid on your claim. To be paid, you must file a proof of claim even if your claim is listed in the schedules that the debtor filed

Secured creditors retain rights in their collateral regardless of whether they file a proof of claim. Filing a proof of claim submits the creditor to the jurisdiction of the bankruptcy court, with consequences a lawyer can explain. For example, a secured creditor who files a proof of claim may surrender important nonmonetary rights, including the right to a jury trial.

Deadline to object to exemptions:

The law permits debtors to keep certain property as exempt. If you believe that the law does not authorize an exemption claimed, you may file an objection.

Filing deadline: 30 days after the conclusion of the meeting of creditors

10. Creditors with a foreign address

If you are a creditor receiving a notice mailed to a foreign address, you may file a motion asking the court to extend the deadlines in this notice. Consult an attorney familiar with United States bankruptcy law if you have any questions about your rights in this case.

11. Liquidation of the debtor's property and payment of creditors' claims

The bankruptcy trustee listed on the front of this notice will collect and sell the debtor's property that is not exempt. If the trustee can collect enough money, creditors may be paid some or all of the debts owed to them in the order specified by the Bankruptcy Code. To ensure you receive any share of that money, you must file a proof of claim as described above.

12. Exempt property

The law allows debtors to keep certain property as exempt. Fully exempt property will not be sold and distributed to creditors. Debtors must file a list of property claimed as exempt. You may inspect that list at the bankruptcy clerk's office or online at www.pacer.uscourts.gov. If you believe that the law does not authorize an exemption that the debtors claim, you may file an objection. The bankruptcy clerk's office must receive the objection by the deadline to object to exemptions in line 9.

Fill in this information to identify your case:					
Debtor 1	Shelia Denise Stiff				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF MISSISSIPPI		
Case number	25-00984				
(II KIIOWII)					

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pai	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	30,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	48,857.79
	1c. Copy line 63, Total of all property on Schedule A/B	\$	78,857.79
Pai	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	33,732.72
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	30,349.49
	Your total liabilities	\$	64,082.21
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,034.78
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,031.10
Pai	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other scl	nedules.
	■ Yes		
7.	What kind of debt do you have?		

Official Form 106Sum

the court with your other schedules.

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

25-00984-JAW Dkt 16 Filed 06/16/25 Entered 06/16/25 17:47:14 Page 5 of 21

Debtor 1 Shelia Denise Stiff Case number (if known) 25-00984

3. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 5,689.23

One Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	1,048.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	1,048.00

Fill in this	s information to identify your c	ase:			
Debtor 1	Shelia Denise Stiff	1			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fil	ing) First Name	Middle Name	Last Name		
	-	Middle Name	Lastivanie		
United Sta	ates Bankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI		
Case num	nber 25-00984				
(if known)				■ C	heck if this is an
				aı	mended filing
Ott: -: -1	Earne 400E/E				
	Form 106E/F	a a Hava Haasa	una d Claima		40/45
	ule E/F: Creditors W		Ured Claims PRIORITY claims and Part 2 for creditor		12/15
Schedule D left. Attach name and c	: Creditors Who Have Claims Secu the Continuation Page to this page ase number (if known).	red by Property. If more s If you have no information	106G). Do not include any creditors wit pace is needed, copy the Part you need on to report in a Part, do not file that Pa	d, fill it out, number the ent	ries in the boxes on the
Part 1:	List All of Your PRIORITY Uns				
	creditors have priority unsecured	ciaims against you?			
	Go to Part 2.				
☐ Yes	S.				
Part 2:	List All of Your NONPRIORITY	Unsecured Claims			
3. Do any	creditors have nonpriority unsecu	red claims against you?			
□ No.	You have nothing to report in this pa	rt. Submit this form to the co	ourt with your other schedules.		
■ Yes					
unsecu than or	ired claim, list the creditor separately	for each claim. For each cla	der of the creditor who holds each clain aim listed, identify what type of claim it is. I 3.If you have more than three nonpriority	Do not list claims already inc	luded in Part 1. If more
Part 2.					Total claim
4.1 A	ccu Reference Medical	Last 4 digit	s of account number		\$60.00
No	onpriority Creditor's Name			<u> </u>	Ψ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ
= :	901 E Linden Ave Te 4	When was t	the debt incurred?		
_	inden, NJ 07036				
	umber Street City State Zip Code	As of the da	ate you file, the claim is: Check all that a	apply	
W	ho incurred the debt? Check one.				
	Debtor 1 only	☐ Continge	ent		
	Debtor 2 only	☐ Unliquida	ated		
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and anot	Поставления	NPRIORITY unsecured claim:		
	Check if this claim is for a commets	•		and the same that is all at its	
	the claim subject to offset?	report as pri	ons arising out of a separation agreement ority claims	or divorce that you did not	
	No		pension or profit-sharing plans, and other	r similar debts	

☐ Yes

Other. Specify

Debtor	1 Shelia Denise Stiff		Case number (if known) 25-00984	
4.2	Ally Credit Card Nonpriority Creditor's Name	Last 4 digits of account number	0851	\$3,187.00
	Po Box 9222 Old Bethpage, NY 11804	When was the debt incurred?	Opened 07/18 Last Active 06/24	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.3	Baptist Hospital Nonpriority Creditor's Name	Last 4 digits of account number		\$3,846.94
	PO Box 23090 Jackson, MS 39225	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.4	Baptist Medical Group Nonpriority Creditor's Name	Last 4 digits of account number		\$223.00
	P.O. Box 74533 Atlanta, GA 30384-5333	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts	
	☐ Yes	Other. Specify		

Debto	Shelia Denise Stiff		Case number (if known) 25-00984	
4.5	Capital One	Last 4 digits of account number	7581	\$70.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 05/23 Last Active 10/24	
	Number Street City, 01 64130 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt		d claim: aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharir	a plane and other similar debte	
	■ No □ Yes	Other. Specify Credit Card		
4.6	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	8638	\$39.00
	Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 08/23 Last Active 09/24	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt		d claim:	
	Is the claim subject to offset?	report as priority claims	and the second of the second o	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card		
4.7	CFNA Nonpriority Creditor's Name	Last 4 digits of account number	1754	\$1,759.00
	Attn: Bankruptcy Po Box 81315 Cleveland, OH 44181	When was the debt incurred?	Opened 07/18 Last Active 08/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed		
	☐ At least one of the debtors and another☐ Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a separeport as priority claims	d claim: aration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	■ Other, Specify Charge Ac	count	

Debtor	1 Shelia Denise Stiff		Case number (if known) 25-00984	
4.8	Comenity	Last 4 digits of account number	0039	\$32.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 05/23 Last Active 09/24	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.9	Courtney & Camp Nonpriority Creditor's Name	Last 4 digits of account number		\$230.69
	PO Box 529 Jackson, MS 39205	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	·		
0	Courtney & Camp Nonpriority Creditor's Name	Last 4 digits of account number		\$326.65
	PO Box 529 Jackson, MS 39205	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		

Deb	or 1 Shelia Denise Stiff	Case number (if known) 25-00984	
4.1	Courtney & Camp	Last 4 digits of account number	\$50.19
1	Nonpriority Creditor's Name		Ψου. 10
	PO Box 529 Jackson, MS 39205	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	_	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	Courtney & Camp	Last 4 digits of account number	\$65.00
2	Nonpriority Creditor's Name		Ψοσ.σσ
	PO Box 529	When was the debt incurred?	
	Jackson, MS 39205		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<u>•</u>	☐ Debts to pension or profit-sharing plans, and other similar debts	
	No		
	Yes	Other. Specify	
4.1 3	Credit Collection Serv	Last 4 digits of account number	\$54.00
	Nonpriority Creditor's Name		
	PO Box 9133	When was the debt incurred?	
	Needham Heigh, MA 02494 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. Offeck an that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other, Specify	

Debt	tor 1 Shelia Denise Stiff	Case number (if known) 25-00984	
4.1 4	Distressed Asst Por***	Last 4 digits of account number	\$1,325.90
	Nonpriority Creditor's Name c/o Mendelson Law Firm PO BOX 17235	When was the debt incurred?	· · · · · · · · · · · · · · · · · · ·
	Memphis, TN 38187-0235 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1 5	GI Associates	Last 4 digits of account number	\$274.57
	Nonpriority Creditor's Name PO Box 23455 Jackson, MS 39225-3455	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
4.1 6	GI Associates	Last 4 digits of account number	\$964.06
	Nonpriority Creditor's Name PO Box 23455	When was the debt incurred?	
	Jackson, MS 39225-3455 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other Specify	

Debtor	1 Shelia Denise Stiff	Case number (if known) 25-00984	
4.1			
7	GI Associates	Last 4 digits of account number	\$1,389.24
	Nonpriority Creditor's Name PO Box 23455	When was the debt incurred?	
	Jackson, MS 39225-3455		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	Jacob Law Group		\$3,846.59
8	Nonpriority Creditor's Name	Last 4 digits of account number	ψ3,040.33
	2623 West Oxford Loop Oxford, MS 38655	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	Labcorp	Last 4 digits of account number	\$54.00
9	Nonpriority Creditor's Name		
	PO Box 2240	When was the debt incurred?	
	Burlington, NC 27216-2240		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<u> </u>	☐ Debts to pension or profit-sharing plans, and other similar debts	
	No		
	☐ Yes	Other Specify	

Depto	Snelia Denise Stiff	Case number (if known) 25-00984	
4.2	Labratory Corp of Amer		\$469.00
0	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ409.00
	P.O. Box 2240	When was the debt incurred?	
	Burlington, NC 27216-2240		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	_	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
		— Other. Specify	
4.2			
4.2 1	MAE Physicians Surgery	Last 4 digits of account number	\$2,171.27
	Nonpriority Creditor's Name	When we she delet in some 40	
	PO Box 12673	When was the debt incurred?	
	Jackson, MS 39236-2673 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2	MEA Medical Clinics	Last 4 digits of account number	\$357.16
	Nonpriority Creditor's Name		***************************************
	308 Corporate Dr	When was the debt incurred?	
	Ridgeland, MS 39157		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify	

Debtor	1 Shelia Denise Stiff		Case number (if known) 25-00984					
4.2	Merit Health			¢4 760 24				
3	Nonpriority Creditor's Name	Last 4 digits of account number		\$1,769.34				
	P.O. Box 281441	When was the debt incurred?						
	Atlanta, GA 30304	_						
	Number Street City State Zip Code	As of the date you file, the claim						
	Who incurred the debt? Check one.	_						
	■ Debtor 1 only □ Contingent							
	□ Debtor 2 only □ Unliquidated							
	□ Debtor 1 and Debtor 2 only □ Disputed							
	☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:							
	☐ Check if this claim is for a community	Student loans						
	debt	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not					
	Is the claim subject to offset?							
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes	Other. Specify						
4.2	Midland Credit Mgmt	Last 4 digits of account number	8341	\$1,488.00				
4	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ1,400.00				
	Attn: Bankruptcy		Opened 05/22 Last Active					
	Po Box 939069	When was the debt incurred?	11/21					
	San Diego, CA 92193 Number Street City State Zip Code	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.	As of the date you me, the claim						
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured						
	☐ Check if this claim is for a community	☐ Student loans						
	debt		☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims						
	■ No	Debts to pension or profit-sharing						
	□Yes	■ Other. Specify	Company Account Capital One					
4.2 5	Nelnet	Last 4 digits of account number	1414	\$1,048.00				
	Nonpriority Creditor's Name	_						
	Po Box 82561	When was the debt incurred?	Opened 06/15 Last Active 08/24					
	Lincoln, NE 68501	when was the dept incurred:	00/24					
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply					
	Who incurred the debt? Check one.	_						
	Debtor 1 only	Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured						
	☐ Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a sepa						
		report as priority claims Debts to pension or profit-sharin	a plane, and other similar debte					
	■ No	<u> </u>	g pians, and other similal debts					
	Yes	Other. Specify						
		Educationa	l i					

Debto	or 1 Shelia Denise Stiff	Case number (if known) 25-00984	
4.2	Pafford EMS	Last 4 digits of account number	\$130.80
0]	Nonpriority Creditor's Name 350 Crossgates Blvd Brandon, MS 39042	When was the debt incurred?	<u> </u>
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2	Radiology Group	Last 4 digits of account number	\$119.00
/	Nonpriority Creditor's Name		
	1405 N State Street	When was the debt incurred?	
	Jackson, MS 39207 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	To or the date you me, the stand is. Officer all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacktriangle Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2	Revco Solutions	Last 4 digits of account number	\$1,759.29
	Nonpriority Creditor's Name P.O. Box 2589	When was the debt incurred?	
	Columbus, OH 43216-2589 Number Street City State Zip Code	As af the data way file the plains in Object All the control	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	

Deb	Snelia Denise Stiff	Case number (if known) 25-00984	
4.2 9	St Dominc	Last 4 digits of account number	\$2,500.00
9	Nonpriority Creditor's Name		+-,
	P.O. Box 321472	When was the debt incurred?	
	Flowood, MS 39232		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.3	Lirogynagology Accords		\$400.00
0	Urogynecology Associat Nonpriority Creditor's Name	Last 4 digits of account number	
	120 Stone Creek Blvd	When was the debt incurred?	
	Flowood, MS 39232		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
	1		
4.3 1	Yazoo Medical Clinic	Last 4 digits of account number	\$315.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	805 E 15th St Yazoo City, MS 39194	Wileli was the dept incurred:	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	Other Specify	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	⊔ Yes	Other Specify	

1 Shelia Denise Stiff		Case nui	mber (if known)	25-00984	
Yazoo Medical Clinic	Last 4 digits of account number				\$24.80
Nonpriority Creditor's Name 805 E 15th St Yazoo City, MS 39194	When was the debt incurred?				
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check	all that apply		
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agr	eement or divorce	e that you did not	
No	Debts to pension or profit-shari	ng plans, a	ind other similar d	lebts	
☐ Yes	Other. Specify				
List Others to Be Notified About a Debs page only if you have others to be notified alig to collect from you for a debt you owe to solore than one creditor for any of the debts that if for any debts in Parts 1 or 2, do not fill out of Add the Amounts for Each Type of Un	oout your bankruptcy, for a debt that meone else, list the original creditor i you listed in Parts 1 or 2, list the add submit this page.	n Parts 1 c	or 2, then list the	collection agency	here. Similarly, if you
Add the Amounts for Each Type of Until the amounts of certain types of unsecured claim		reporting i	purposes only. 2	28 U.S.C. §159. Add	I the amounts for each
of unsecured claim.				•	
			Tota	I Claim	

				i otai oiaiiii
Total	6a.	Domestic support obligations	6a.	\$ 0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 1,048.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 29,301.49
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 30,349.49

CERTIFICATE OF SERVICE

I, Thomas C. Rollins, Jr., do hereby certify that I have this date transmitted via Electronic Case Filing, as it appears on this date in the Court registered e-filers of CM/ECF and/or via U. S. Mail, postage prepaid, a true and correct copy of the above Notice of Amendment to Schedules, a copy of the Notice of Meeting of Creditors, and amended schedules to the affected creditor(s), Case Trustee and U.S. Trustee at the above listed address(es).

Date: Monday, June 16, 2025

/s/ Thomas C. Rollins, Jr.
Thomas C. Rollins, Jr. (Bar No. 103469)
Jennifer A Curry Calvillo (Bar No. 104367)
The Rollins Law Firm
P.O. Box 13767
Jackson, MS 39236
(601) 500-5533

- 11	25-00904-JAW DKt 10 Filed 00/10/25 Efficied 00/10/25 17.47.14 Fage 19 0/ 21
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2	
3	
4	UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF MISSISSIPPI
5	GOOTHERN DIGITARY OF MIGGIGGII I I
6	IN RE: CASE NO: 25-00984 SHELIA DENISE STIFF DECLARATION OF MAILING
7	CERTIFICATE OF SERVICE
8	Chapter: 13
9	
10	
11	On 6/16/2025, I did cause a copy of the following documents, described below,
12	Notice of Amendments of Schedules
13	
14	
15	
16	
17	
18	to be served for delivery by the United States Postal Service, via First Class United States Mail, postage prepaid, with
19	sufficient postage thereon to the parties listed on the mailing list exhibit, a copy of which is attached hereto and incorporated as if fully set forth herein.
20	I caused these documents to be served by utilizing the services of BK Attorney Services, LLC d/b/a certificateofservice.
21	com, an Approved Bankruptcy Notice Provider authorized by the United States Courts Administrative Office, pursuant to Fed.R.Bankr.P. 9001(9) and 2002(g)(4). A copy of the declaration of service is attached hereto and incorporated as if fully set forth herein.
22	Parties who are participants in the Courts Electronic Noticing System ("NEF"), if any, were denoted as having been
23	served electronically with the documents described herein per the ECF/PACER system. DATED: 6/16/2025
24	/s/ Thomas C. Rollins, Jr. Thomas C. Rollins, Jr.
25	The Rollins Law Firm
26	702 West Pine St Hattiesburg, MS 39401
27	601 500 5533 trollins@therollinsfirm.com
28	

25-00984-JAW Dkt 16 Filed 06/16/25 Entered 06/16/25 17:47:14 Page 19 of 21

	25-00984-JAW Dkt 16 Filed 06/16/25 Entered 06/16/25 17:47:14 Page 20 of 21
1	
2	
3	UNITED STATES BANKRUPTCY COURT
4	SOUTHERN DISTRICT OF MISSISSIPPI
5	IN RE: CASE NO: 25-00984
6	SHELIA DENISE STIFF CERTIFICATE OF SERVICE DECLARATION OF MAILING
7	Chapter: 13
8	
9	
11	I On 6/16/2025, a copy of the following documents, described below,
12	Notice of Amendments of Schedules
13	
14	
15	
16	
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18	
19	were deposited for delivery by the United States Postal Service, via First Class United States Mail, postage prepaid, with sufficient postage thereon to the parties listed on the mailing list exhibit, a copy of which is attached hereto and incorporated as if fully set forth herein.
20	The undersigned does hereby declare under penalty of perjury of the laws of the United States that I have served the above referenced document(s) on the mailing list attached hereto in the manner shown and prepared the Declaration of Certificate of Service and that it is true and correct to the best of my knowledge, information, and belief.
22	DATED: 6/16/2025
23	
24	111.01.10
25	Miles Wood
26	BK Attorney Services, LLC d/b/a certificateofservice.com, for
27	Thomas C. Rollins, Jr. The Rollins Law Firm 702 West Pine St
28	Hattiesburg, MS 39401

25-00984-JAW Dkt 16 Filed 06/16/25 Entered 06/16/25 17:47:14 Page 21 of 21

USPS FIRST CLASS MAILING RECIPIENTS:
Parties with names struck through or labeled CM/ECF SERVICE were not served via First Class USPS Mail Service.

FIRST CLASS

DISTRESSED ASSET PORTFOLIO C/O MENDELSON LAW FIRM PO BOX 17235 MEMPHIS TN 38187-0235